



Education &
Communities

Public Schools NSW

FOCUS ON AUTISM

Transition to School

SYDNEY REGION

Autism Conference Day - Friday 7 September 2012

Presenters: Belinda Emmerson-Franke (LaST) and Kerry Barrans (RLaST)



Every school has an obligation toward students with a disability that is framed by law

International

UN Convention on the Rights of Persons with Disabilities 2006



Commonwealth

Disability Discrimination Act 1992

Disability Standards for Education 2005



New South Wales

Education Act 1990

Anti Discrimination Act
1977

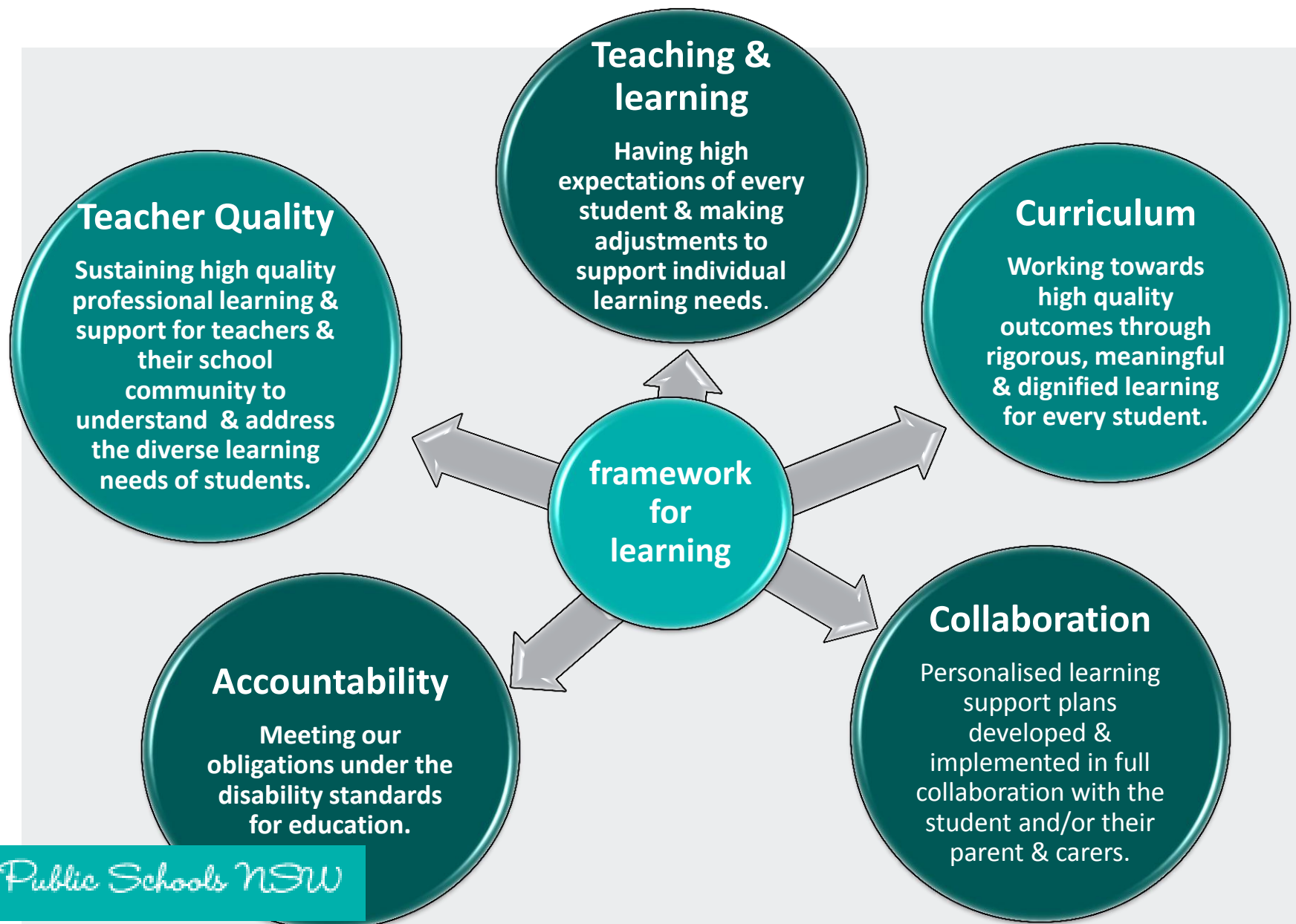
Workplace Health and
Safety 2011

Disability Services Act
1993

Where we have come from...

1960/70s	80s	90s	2000s
Segregation	Integration	Inclusion	Diversity
special schools special classes	regular schools special schools special classes	regular schools special schools special classes	Up to 20% of all students could qualify as needing personalised learning adjustments under national disability discrimination legislation (ABS 2010)
disability by category • physical • sensory • intellectual	• physical • sensory • intellectual • language • emotional disturbance	• physical • sensory • intellectual • language • mental health • autism • learning difficulties • Disability Discrimination legislation (1992)	• Disability Standards for Education (2005) • UN Convention Rights of People with Disability (2006)

The way services have been delivered and changed over time impacts on attitudes, beliefs and expectations about students with disability.



Public Schools NSW

Framework for learning & support in every school

FOCUS ON AUTISM – Transition to School

Identifying Kindergarten students with additional needs who will require transition planning within the Learning and Support Framework

- Regular school enrolment process
- Contact with feeder pre-schools
- DEC Transition to School referral process
- Contact from outside agencies
- Informal assessment during regular transition sessions, generally in Term 4
- Day 1 and onwards

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- Transition to School and/or Support Class Early Intervention Referral forms are most commonly generated by prior-to-school setting personnel. However, Student Services personnel or outside agencies such as Community Health, Cerebral Palsy Alliance, Council Early Intervention Support Teacher, may also assist families to complete the referral. Submitted to local Zone with relevant reports.
- Early Intervention Referral identifies children (generally with more significant or complex needs) applying for Support Class EI at Loftus PS (one class) or Annandale PS (two classes) for year before commencing school. Support may be sessional or resource.

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Transition to School Referral

- Identifies children with additional learning and support needs
- Disability Programs Consultant or Itinerant Support Teacher Early Integration contact parent to acknowledge receipt of Transition to School referral and any reports and to explain the transition process and support options for student
- Where specialist report indicates moderate to complex level needs, Student Services will forward reports to District Guidance Officer for consideration for issue of Disability Confirmation Sheet.

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- With parent consent, child may be observed in the prior-to-school setting by regional personnel. Written parent permission may also involve taking of photos for social scripts.
- Student Services will forward Transition to School Referrals, any reports and observations to the principal of the local school (or receiving school if out-of-area placement is indicated) . This will be done as referrals received and processed by Student Services. Principals may need to forward reports to another school if family accepts alternate enrolment.
- School Learning Support Team commences transition planning for the student. Some students will require longer, more intensive transition support.

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EFFECTIVE TRANSITIONS ARE A WHOLE-SCHOOL PROCESS

Various school personnel may be involved in the transition process at some stage:

- Principal
- Deputy / Assistant Principal
- Stage Supervisor
- Kindergarten class teacher/s
- Other class teachers
- School Counsellor
- Learning and Support Teacher (LaST)
- School Learning Support Officer (SLSO)
- Administrative personnel

EFFECTIVE TRANSITIONS INVOLVE COLLABORATION BETWEEN
A RANGE OF STAKEHOLDERS AND ARE ONGOING

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- Effective transition to school programs involve:
 - establishing positive relationships between all stakeholders
 - a pro-active whole-school team approach
 - thoughtful collaborative planning for all students
 - close liaison between schools and families to develop appropriate support strategies for individual students with additional learning and support needs
 - appropriate sharing of information to identify student strengths and needs
 - consideration of the context of the school community and individual families
 - creative and collaborative approaches to maximising use of resources and funding
 - more than just 'orientation'
 - a degree of flexibility
 - collection of data, both formal and informal
 - ongoing effective evaluation
 - professional development to enhance all teachers' capability

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COLLABORATION

- assists in prioritising needs and leads to improved student outcomes
- identifies individual strengths and interests to develop student-centred plans
- provides joint problem-solving and decision-making opportunities, building on the expertise of all parties
- assists school staff and parents / carers to be active participants in decision-making process and commit to student goals and objectives

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TRANSITION TO KINDERGARTEN IS A JOURNEY FOR ALL
CONCERNED

- the family
- school personnel
- the child

JUST AS FOR ANY JOURNEY, THINGS TURN OUT BETTER IF WE
PREPARE AND PLAN

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PREPARATION involves:

- meeting with parents / carers (and support persons if desired) to communicate to families the processes and expectations of DEC and discuss supporting their child coming into Kindergarten
- assessments and reports from outside personnel (e.g. paediatrician, speech pathologist, occupational therapist, psychologist, medical specialist)
- discussions with personnel from prior-to-school setting about child's strengths & needs and successful management strategies
- with the approval of the parent, school personnel observations of the child in the prior-to-school setting
- development of a student profile
- consideration of best practice to prepare all staff, parents and the child
- a documented plan, process and structure for the transition including physical, social and emotional aspects
- building capacity within school personnel through professional development

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- When developing a student profile, useful to consider the child's needs in following Focus Areas of Domains booklet:

Curriculum

- Communication - Receptive Language
 - Expressive Language

- Participation - Social Competence
 - Safety

- Personal Care - Hygiene
 - Eating & Dietary
 - Health Care Procedures

- Movement - Mobility & Positioning
 - Hand Motor Skills



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EARLY LEARNING PROFILE

- Detailed information & guidance regarding observations in prior-to-school setting
- Informs preparation of detailed Student Profile and subsequent support strategies, resources and interventions
- Relates to Focus Areas in Access Request
- Useful baseline to monitor progress

EARLY LEARNING PROFILE
Child's Name: _____

Assessed by: _____
Date: _____
Location: _____

Curriculum
Identify child's learning strengths/likes:
Learning needs/dislikes:
Is the child able to follow the same routine as the others (e.g. pack/unpack bag, follow directions, change from activity to activity)?
Can they complete tasks?
With or without support?
Type/level support: full/partial physical, visual, verbal, prompts required?
Interact/participate with other children?
Recognises colours: R B Y P G O
Responds to name:
Counts rote to: _____
Recognises names/letters/numbers
Has a number concept to: _____
Writes own name: _____

Expressive Language
What mode of communication does the child use to communicate their needs & wants?
Vocalisation/verbal - single words/sentences, signing, physical gestures, visuals (photos/PECS (pictures))
What is the amount of language used? (e.g. limited vocabulary/level complexity/echoic/tonal/social stories/ appropriateness of responses/intent, vocalizations)
How does the child express their wants, needs & emotions (e.g. angry, happy, protest, help, toilet, hungry, thirsty etc.)
How does the child initiate & participate in conversations with other children/adults? A variety of topics/subjects?
Does the child initiate & participate in conversations with other children/adults? A variety of topics/subjects?
Does the child understand? (e.g. what's going on around them in context/out of context?)
How well does the child understand? (i.e. Modes of communication are used or work or are understood)
What do you use to help the child to understand? (e.g. verbal, signing, physical gesture, pictorial (photo/PECS/objects))
What level of instruction / direction can the child understand? (e.g. simple to complex & number of steps, required), e.g. verbal, signing, physical gesture, pictorial (photo/PECS/objects)
Is the response always appropriate? (comprehensible/ person/ environment level of understanding)
What impact does familiarity with instruction/ routine/ person/ environment level of understanding?
Does the size of the group have an impact (1:1/ number of children)?
Does the child cue in to others (children, adults, known/ unknown) to follow instructions? Can they then do it independently?
Do they respond to changes in tone of voice/non verbal cues?
Response to not understanding (i.e. harm self/others)?

Social Competence
What is the child's social competence?
Solitary, parallel, cooperative, interactive, imaginative.
Is the child able to follow the same routine as the others (e.g. pack/unpack bag, follow directions, change from activity to activity)?
Can they complete tasks?
With or without support?
Type/level support: full/partial physical, visual, verbal, prompts required?
Interact/participate with other children?
Recognises colours: R B Y P G O
Responds to name:
Counts rote to: _____
Recognises names/letters/numbers
Has a number concept to: _____
Writes own name: _____

Health Care
Are there any health care issues?
Seizures, medication, epilepsy, asthma, heat
Text/ environment
Transfers, stairs, sitting, standing, climbing
Is the child able to follow the same routine as the others (e.g. pack/unpack bag, follow directions, change from activity to activity)?
Can they complete tasks?
With or without support?
Type/level support: full/partial physical, visual, verbal, prompts required?
Interact/participate with other children?
Recognises colours: R B Y P G O
Responds to name:
Counts rote to: _____
Recognises names/letters/numbers
Has a number concept to: _____
Writes own name: _____

Physical/Motor
Is the child able to follow the same routine as the others (e.g. pack/unpack bag, follow directions, change from activity to activity)?
Can they complete tasks?
With or without support?
Type/level support: full/partial physical, visual, verbal, prompts required?
Interact/participate with other children?
Recognises colours: R B Y P G O
Responds to name:
Counts rote to: _____
Recognises names/letters/numbers
Has a number concept to: _____
Writes own name: _____

Sensory
Is the child able to follow the same routine as the others (e.g. pack/unpack bag, follow directions, change from activity to activity)?
Can they complete tasks?
With or without support?
Type/level support: full/partial physical, visual, verbal, prompts required?
Interact/participate with other children?
Recognises colours: R B Y P G O
Responds to name:
Counts rote to: _____
Recognises names/letters/numbers
Has a number concept to: _____
Writes own name: _____

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Name: _____ DOB: _____ Date of Observation: _____ Preschool: _____

SUPPORT DOCUMENTATION – SUMMARY PROFILE – SCHOOL (NEWLY ENROLLING IN KINDERGARTEN)
 Complete for young children enrolling in school (KINDERGARTEN) in the following year.

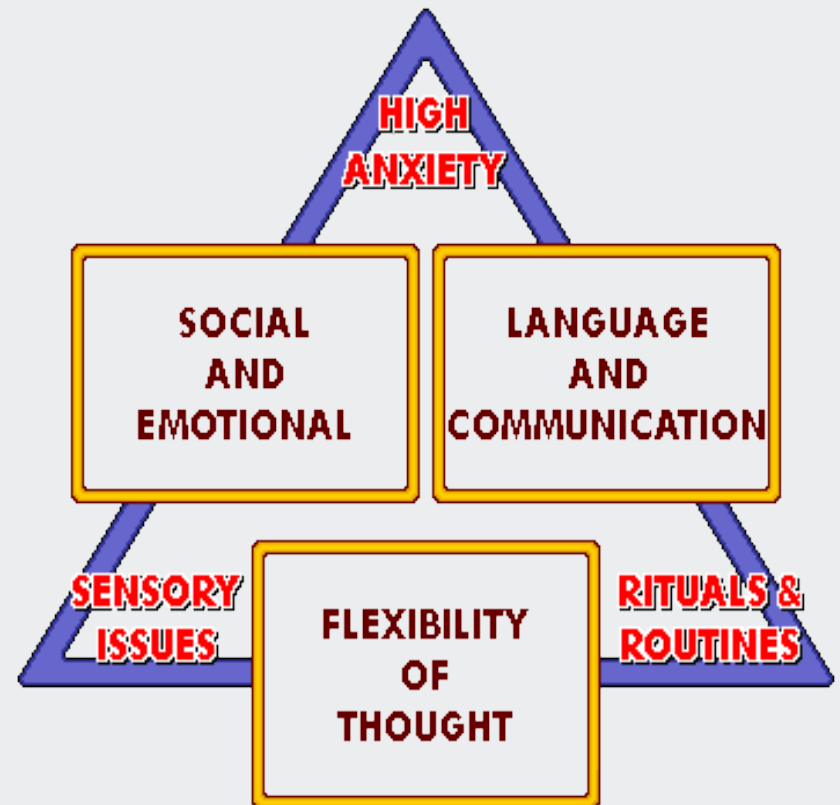
A. SKILLS	Almost Always	Often	Some times	Seldom	Not Yet	Give brief description of how child functions in each skill e.g. is able to(if applicable)
Follows simple instructions						
Completes a set task						
Follows daily instructions						
Sits & attends during group time						
Eats & drinks independently						
Toilets independently						
Enjoys being with other children						
Plays with others in a small group						
Communicates with others						
Expresses needs & wants						
Shares with peers						
Attends & responds to stories						
Draws/writes with a range of tools						
Helps with dressing self						
Understands simple number concepts						
B. ACCESS DOMAINS	Provide further description in specific domains if applicable					
Curriculum						
Communication - Receptive Language						
Communication - Expressive Language						
Participation - Social Competence						
Participation - Safety						
Personal Care - Hygiene						
Personal Care - Eating & Dietary						
Personal Care - Health Care Procedures						
Movement - Mobility & Positioning						
Movement - Hand Motor Skills						
NON DEC SUPPORT ACCESSED (RELEVANT TO THE APPLICATION) – Current and Previous						
Agencies Involved	Service Type and Type of Support (frequency, consultancy, short term/ long term)					

- Summary Profile relates to Access Request
- Rate skills unsupported to develop more accurate picture of child's strengths and areas of need

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KEY ISSUES WHICH MAY IMPACT ON STUDENTS PRESENTING WITH ASD CHARACTERISTICS

- Communication Impairment
- Social Impairment
- Repetitive / Restrictive Behaviours
- Sensory
- Information Processing



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TELL THE GROUP ABOUT CURRENT 'TIER 1'
KINDERGARTEN TRANSITION PRACTICES AT YOUR
SCHOOL WHICH YOU CONSIDER ARE ASD-FRIENDLY

My New School



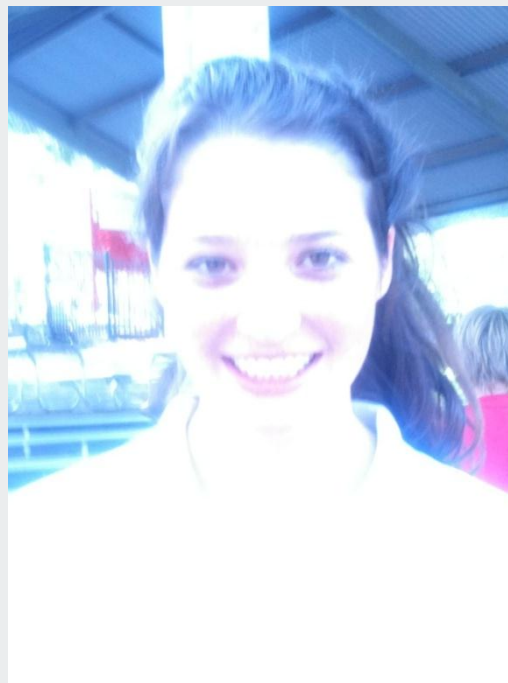
I am going to school at Como Public School.



My class is 1-2-3.

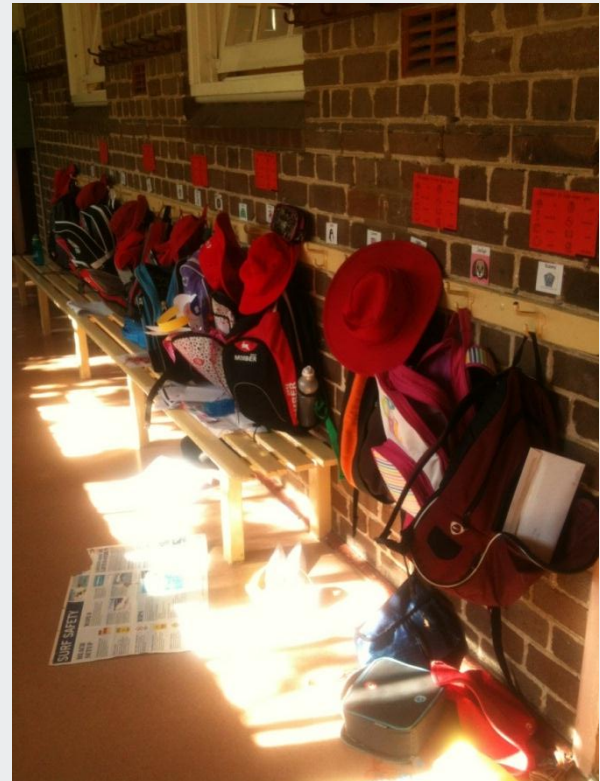
My teacher is

Miss Sutherland.



The door to my classroom is red.

We hang our bags in the hallway outside the classroom.



Here is my classroom.



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Information Gathering, Assessment and Planning Tool for Students with Autism Spectrum Disorder (IGAP)

- Communication
- Social interaction
- Sensory
- Behaviour
- Learning
- Other issues (such as self-help, dietary, medication, health)
- Planning

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Positive Partnerships Planning Matrix

	Communication	Social Interactions	Restricted Interests Repetitive behaviour	Sensory Processing	Information processing & learning styles
Characteristics					
Implications					
Strategies					

copyright 2011 Positive Partnerships

Planning Matrix

FOCUS ON AUTISM – Transition to School

Name

	Communication	Social Interactions	Restricted Interests Repetitive Behaviours	Sensory Processing	Information Processing & Learning styles
Characteristics	Very poor auditory processing skills. Some spontaneous speech. Limited verbal responsiveness. Doesn't communicate needs. Will respond to greetings with prompt. Can follow simple directions by copying peers.	Primarily parallel play, usually near group of others. Follows group, mimics others to follow directions. No responsiveness to conflict.	Likes routine. Can be perseverative with routines.	Poor auditory processing skills.	Visual processor. Needs constant modelling to follow directions and complete tasks.
Implications	Limits interaction with peers. Needs 1 to 1 help to follow directions. Unable to do news unaided.	Submissive. Allows others to take his things. Beginning to show some social assertiveness. Unaware of danger.	May act out same play episode repeatedly.	Unable to follow teacher /peer verbal directions.	Unable to follow teacher directions. Has difficulty completing tasks.
Strategies	Practise social scripts. Use PECS Give directions using D's name. Use visuals when giving instructions/news Limit words in oral directions. Give opportunities for D to respond to simple questions. Allow time for D to process steps.	Teach small group games. Assign a buddy in the playground. Include partner activities in the classroom. Needs to be closely monitored in the playground with a safe/quiet play area established.	Change play stimulus, setting or materials periodically. Program some small group structured play.	Use visual timetable. Put pictorial directions on IWB Monitor that he is in the correct place. Provide 1 to 1 support to begin tasks.	Use task bar on desk. Seat beside competent student who models directions appropriately & engages verbally. Simplify his tasks. Encourage independence- do not do tasks for him.

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The Learning Support Team may decide to submit a STUDENT PROFILING - INFORMAL ADVICE for consideration by State Office.

- Included in conference handout folder
- SchoolBiz Term 2 Week 10
- Form can be found on p 45 of Sydney Region Student Service Handbook 2012
- Every Student Every School website
www.det.nsw.edu.au/every-student-every-school
- ESES wiki

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PROFILING STUDENTS USING THE DOMAINS AND FOCUS AREAS BOOKLET

<http://detwww.det.nsw.edu.au/media/downloads/intranet/fundsup2.pdf>

booklet can also be found on drop-down from LEVELS for
INTEGRATION FUNDING SUPPORT column in Access Request

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SCENARIO STUDENT SAM SMITH

- special interests - Pokemon, garbage trucks
- occasional toileting accidents, avoids bathroom when other children there
- frequently absconds from preschool classroom during group times
- cluttered speech / inappropriate volume / unusual prosody
- non-compliant behaviour escalates when changing settings
- severe separation anxiety responses but can often calm quickly
- sensory seeking - pokes, pushes & grabs other children
- unable to follow 2-step verbal direction
- solitary play
- characteristics of hyperlexia
- refuses to participate in fine motor activities
- unpredictable outbursts, may include screaming / rocking / hand flapping
- only eats white food
- appears to dislike glue, fingerpaint, sand but loves water
- is on medication which is required to be taken at school

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FOCUS AREA: CURRICULUM

Level 1: significant learning difficulty whereby materials &
 assessment modified in literacy and numeracy
 additional teaching sessions, repetition of instruction
 scaffolds, individual support
 common accommodations to cater for ASD characteristics

Level 2: mild intellectual delay (IN1)
 most KLA's individualised
 adjusted level of difficulty & amount of work
 frequent monitoring
 generalised to other contexts

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FOCUS AREA: CURRICULUM (continued)

Level 3: generally moderate intellectual delay (IN2)
 Individual Learning Program
 developing functional skills

Level 4: low moderate with complex needs / severe intellectual delay
 individual program developed by range of specialists
 frequent physical prompts and assistance for basic learning
 activities

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FOCUS AREA: RECEPTIVE LANGUAGE

Level 1: visual aids
 explicit teaching of instruction
 input from specialist teacher / speech therapist

Level 2: explicit instruction
 in listening to others
 empathy
 interpreting non-verbal cues
 interpreting verbal cues
 social scripts

Level 3: note taker / sign interpreter
 training to interpret

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FOCUS AREA: EXPRESSIVE LANGUAGE

- Level 1: programming from speech pathologist /specialist
teaching
intelligibility of speech
explicit teaching
assistive technology
- Level 2: extremely basic utterances
extensive use of pictorial / explicit systematic
teaching in use of sign
- Level 3: sign interpreter
non-verbal
communication system / device

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FOCUS AREA: SOCIAL COMPETENCE

- Level 1: explicit teaching social skills
supported by school counsellor / specialised
teaching or personnel
monitoring and record-keeping processes
- Level 2: individual behaviour management plan
support required across different contexts
data collection & analysis to modify strategies

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FOCUS AREA: SOCIAL COMPETENCE (continued)

Level 3: significant behaviours occur daily
highly structured management program implemented
individual plan in consultation with regional
personnel / relevant professionals

Risk Management Plan

Level 4: ongoing frequent support from specialists
extremely challenging behaviours
controlled environment all settings
monitored by multi-disciplinary team
intensive supervision all activities
data collection to review Risk Management Plan

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FOCUS AREA: SAFETY

Note: This refers to the student's safety NOT that of others, which is considered under Social Competence

Level 1: individual management plan
 supervision to promote safe participation specific
 school activities
 staff trained in emergency care / specific strategies

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FOCUS AREA: SAFETY

- Level 2: frequent supervision required
range of school / community environments
detailed individual program planned and
implemented with assistance specialist support
- Level 3: intensive / direct support
all environments
protect from serious harm or danger
alternate activities
trans-disciplinary team
significant monitoring & data collection
consistency of management

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FOCUS AREA: HYGIENE

- Level 1: individual program to develop/extend independence
advice from professionals
support at regular times
- Level 2: individual program – partial participation
frequent support
adaptive equipment
- Level 3: intensive ongoing support
all personal care & toileting needs
all times of the day

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FOCUS AREA: EATING & DIETARY

Level 1: level of independence exhibited
advice from health professional
regular prompting and supervision
Health Care / Emergency Plan

Level 2: direct support
close monitoring of food intake
PEG / stoma / pump fed

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FOCUS AREA: HEALTH CARE PROCEDURES

Level 1: strategies & procedures taught

- to self monitor
- to perform procedure

reasonably stable

specific times

regular school-family-medical collaboration

Health Care Plan

Level 2: frequent support

extensive contact family-medical-school

chronic condition – acute, unstable

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FOCUS AREA: HEALTH CARE PROCEDURES (cont)

Level 3: intensive support essential and constantly required
 condition can alter rapidly
 intensive administration of medication
 frequent routine emergency care
 life-threatening
 extensive input from medical professionals

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FOCUS AREA: MOBILITY & POSITIONING

- Level 1: movement around school requires support
specific management plan to develop independence
- training in use of equipment such as walker,
wheelchair
 - orientation & mobility program

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FOCUS AREA: MOBILITY & POSITIONING (cont.)

Level 2: regular support
 partial participation
 use of equipment e.g. Stairmate
 transfers

Level 3: extensive assistance required frequently
 positioning change

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FOCUS AREA: HAND MOTOR

Level 1: advice from therapist
 specific program – may include technology
 modification of learning tools

Level 2: ongoing support required to access

- adaptive equipment
- assistive technology
- switches

essential daily routines require assistance

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If State Office response to Informal Advice is ‘consideration should be given to pursuing the Integration Funding Support Program new application process’, then:








- School counsellor generates a Disability Confirmation Sheet
 - e.g. A1 (Autism Spectrum Disorder)
 - A2 (Asperger’s Syndrome)
 - A3 (A-typical Autism, PDD-NOS)
- Learning Support Team prepares electronic Access Request through ERN
- Parent signs Access Request
- Access Request submitted for consideration by regional panel and processing
- State Office sends preliminary advice of allocation to Disability Programs Consultant for forwarding to principal
- Learning Support Team develops plan for best supporting student

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 Lining Up for Class	
	When I am lining up, I walk slowly to the line
	It doesn't matter if I'm not first in line
	Sometimes I line up behind other children
	I stand in line and keep my hands to myself
	My teacher is proud of me when I line up properly
	I am happy that I can line up without being first all the time

THERAPY FRIENDS- SOCIAL STORY - Lining Up

The Picture Communication Symbols ©1991-2004 by Mayer-Johnson LLC. All Rights Reserved Worldwide. Used with permission.

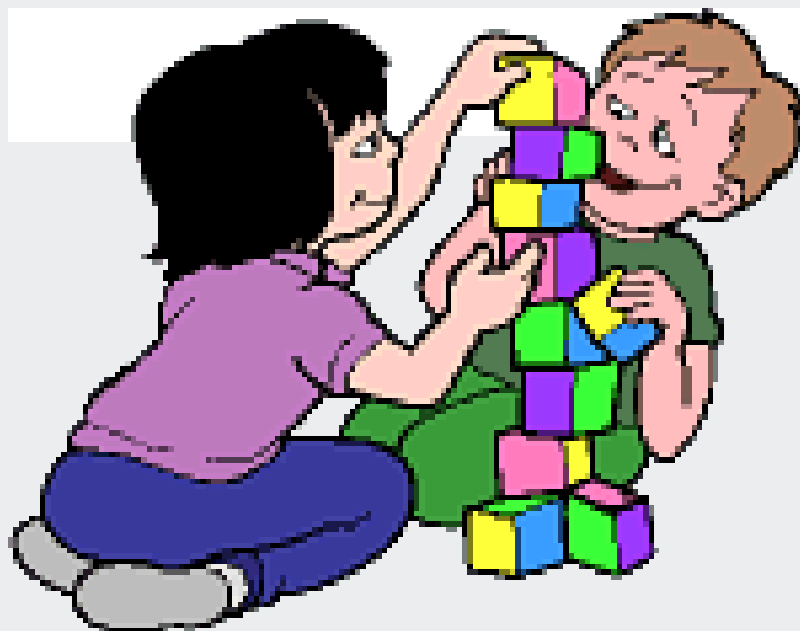
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I Can Be a SUPER FRIEND!



Created for Tab by Lisa Grant & Rochelle Lentini
2002



I like talking and playing
with my friends
at school.



Sometimes, I want to play with what my friends are playing with.

When I play, I sometimes feel like taking toys, using mean words, or hitting and kicking.

My friends get sad or mad when I hit, kick, use mean words, or take toys.



If I want to join in play, I need to join nicely or ask to play with my friends' toys.



Can I play with you?

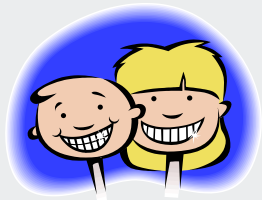
I can say, “Can I play with that toy?” or “Can I play with you?”.



First I stop, then I think about what a Super Friend would do.



Super Friends use:



Use nice talking,



Gentle hands and feet,



Look with their eyes,



Listen with their ears, &



Take turns with toys.



I can try to be a SUPER FRIEND.

Some students with ASD

- seek oromotor stimulus
- have poor oromotor awareness
- have a restricted diet-e.g. gluten free
- sensory restrictions on diet, may only eat soft food, yellow food etc....

May need monitoring during lunchtimes.



Gross motor skills include...

Balancing	Hanging	Pulling	Swaying
Bouncing	Hopping	Punching	Stretching
Bending	Hitting	Running	Swinging
Crawling	Jumping	Rolling	Twisting
Climbing	Kicking	Sliding	Turning
Curling	Leaping	Shaking	Tumbling
Catching	Lifting	Skipping	Throwing
Gallop	Pushing	Stepping	Walking

Provide opportunities for legitimate movement as:

- a whole class via games, dance & sport.
- an individual via heavy errands, structured movement or calm breaks.

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- Incorporate fine motor activities daily e.g. playdough, finger plays, sand trays & puzzles.
- **Equipment** angles, grips, theraputty, flat textas, left handed scissors.



Playdough is great for strengthening hand muscles. Squash it, squeeze it and pound it!



Pushing coins into money boxes is a fun exercise – all kids love feeling rich!



Draw a single dot on one side of a clothes peg, and two dots on the other side. This shows your child where to place the fingers for maximum fine motor benefit.



Use the clothes pegs to pick up small pieces of paper. Here, Callum selects the dark green paper that he needs to make "scrunchie" leaves for his tree.

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- Wiki
- <http://www.schools.nsw.edu.au/gotoschool/primary/transition/index.php>
- Google & YouTube
- Online Training Australia: Understanding Autism Spectrum Disorders
- Positive Partnerships – www.autismtraining.com.au
- www.suelarkey.com.au
- www.fahcsia.gov.au
- Maang
- TaLe
- SSLDSG
- Networks & Communities of Schools